Under the Paperwork Reduction	n Act of 199	5 no persons are rec	uired to res	pond to a collection	of informatio	n unless it	displays a	AIMENT OF COMMERCE Valid OMB control number	
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				Application Num	ber 10/5	10/553,210 Conf. No.: 1244			
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Octo	ober 13, 2	005		
				First Named Inve	entor Heri	Herbert WIRZ			
				Examiner Name	J. K	EENAN			
				Art Unit	365	2			
TOTAL AMOUNT OF PAYM	MENT (\$	940.00		Attorney Docket	No. 236	0-0429PU	S1		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number; 02-2448 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form and the									
information and authorization on P10-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND FILING				=><====				
A		Small Entity		CH FEES Small Entity	EXAMIN	ATION F Small En			
Application Type Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$		Fees Paid (\$)	
•	330	165	540	270	220	110		0.00	
Design	220	110	100	50	140	70		0.00	
Plant	220	110	330	165	170	85		0.00	
Reissue	330	165	540	270	650	325		0.00	
Provisional	220	110	0	0	0	0		0.00	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)						Fee 5	2 26		
Each independent claim over 3 (including Reissues) Multiple dependent claims						22		110	
=				Paid (\$)		39		195	
21 - 20 or HP =	0	_ ,	= 0	0.00		Multi		ndent Claims Fee Paid (\$)	
HP = highest number of total	claims paid			_		100	141	0.00	
Indep. Claims 2 - 3 or HP =	Extra Cla	ims Fee (\$)		Paid (\$)					
HP = highest number of indep 3. APPLICATION SIZE I	FFF	ns paid for, if greater							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50.									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Statis Sheets Number of each additional 39 or fraction thereof See (\$\$) Sheets Occurrence of the sheet of the s									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) 0.00									
Other (e.g., late filing surcharge): 1801 - RCE Fee: \$810.00 / 1251 - 1 mo. EOT Fee: \$130.00 940.00									
SUBMITTED BY									
Signature	mil	trun	15	Registration No. 2	9271	Te	elephone	703-205-8000	
Name (Print/Type) Charles G			Di	Date June 15, 2010					

This collection of information is required by 37 CFR 1\(\frac{1}{2}\)gd. The information is required to obtain or retain a benefit by the gubbic which is to file (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This code-clon is estimated to take 30 minutes to complete underlying adhering represent, and summitted the complete and populations from the USFTO. Time why any depending upon the individual case. Any commental on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.